PTO/SB/17 (05-07)
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Under the Pap	respond to a collection of information unless it displays a valid OMB control number.							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007				Complete if Known				
				Application Number		10/587,996		
				Filing Date		August 1, 2006		
				First Named Inventor Examiner Name		Mariko FUJIMURA Not Yet Assigned		
Г								
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2104		
TOTAL AMOUNT OF PAYMENT (\$) 130.00				Attorney Docket No.		0071-0647PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FI	LING FEES	SEA	ARCH FEES	EXAM	INATION FEES		
Application Ty	pe Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	300		500	250	200	100	10001	4.4.141
Design	200		100	50	130	65		
Plant	200	100	300	150	160	80		

Reissue	300	150	500	250	600	300 0		
Provisional	200	100	0	0	0	U		Constitution
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues) 50								25
Each independent claim over 3 (including Reissues)								100
Each independent claim over 3 (including Reissues) Multiple dependent claims 200 100 180								
· · ·			Paid (\$) Multiple Depe			dent Claims		
11 -20 = x =			Fee (\$)			Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20								
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)				
1x =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) 130.00								
Other (e.g., late filing surcharge):								
SUBMITTED BY								
Signature MS a 20 # 42.874				Registration No. (Attorney/Agent)	28,977	7 Telephone	(703) 20	5-8000
Name (Print/Type)			Date	May 24	. 2007			